



Application S.N./Registration No.: 10/737194  
Filing Date: 12/14/03 File/Docket No.: 884.0213.654

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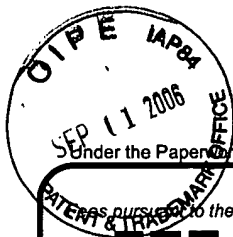
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PTO/SB/17 (07-06)

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As amended by the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450

**Complete if Known**

Application Number	10/737,194
Filing Date	December 16, 2003
First Named Inventor	Anthony Kit Lun Leung
Examiner Name	Nguyen, Tuan N.
Art Unit	3751
Attorney Docket No.	884.0213USU

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 501239 Deposit Account Name: Conair Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
- 20 or HP = _____	x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (2 month)**Fees Paid (\$)**

450

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 52,475	Telephone 203-921-2844
Name (Print/Type)	Steven A. Garner		Date September 11, 2006

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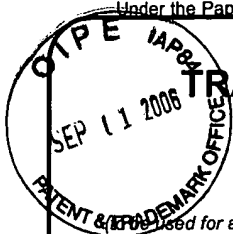
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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/737,194
Filing Date	December 16, 2003
First Named Inventor	Anthony Kit Lun Leung
Art Unit	3751
Examiner Name	Nguyen, Tuan N.
Attorney Docket Number	884.0213USU

## ENCLOSURES (Check all that apply)

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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name  
Conair Corporation

Signature

Printed name

Steven A. Garner

Date

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Reg. No.

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